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POST-OPERATIVE GUIDELINES FOR ARTHROSCOPIC ANTERIOR INFERIOR INSTABILITY REPAIR

Please Note: The time period refers to the seven days of the particular week noted. As examples, Post-op Week 1 includes days 1-7 and Post-op Week 7 includes days 43-49.

****The following protocol is for Anterior Inferior Instability Repair. If a SLAP repair is performed in addition to the Instability Repair, use this protocol avoiding active biceps (elbow flexion and supination) until post-op week 7, unless otherwise specified by the surgeon.**

ROM GUIDELINES: The ROM guidelines outlined are limits set for each time frame and should not be exceeded unless otherwise specified by surgeon. (ROM guidelines are adapted from American Society of Shoulder and Elbow Therapists-ASSET)

In most cases, ROM following an Instability Repair (capsular shift) is easier to achieve with less pain than ROM following a Labral Repair. This may be true because Instability Repairs are performed on individuals who have either congenital laxity or atraumatic acquired laxity without labral tears. ROM should not be forced or painful and should not exceed ROM limits outlined below or those limits set by the surgeon.

Post-op weeks 1-3

- Elbow, wrist, hand AROM (elbow only if no contraindications-SLAP repair, biceps repair/anchor, biceps tenodesis)
- Sub-maximal isometrics flexion, abduction, ER, IR, elbow flexion/extension (elbow only if not in presence of SLAP repair)
- Modalities (Ice, electrical stimulation)
- Maintain sling use
- No glenohumeral joint ROM unless otherwise specified by surgeon. PROM/AAROM for forward elevation and external rotation may begin post-op week 3 depending on patient's ROM at physician follow-up
- **ROM Limits** at post-op week 3: Forward Elevation = 90°, ER (@ 20° abduction) =10-30°
- Avoid shoulder extension past neutral (use towel roll/pillow under elbow in supine), IR beyond stomach, lifting, pushing, pulling, carrying, AROM, and sleeping on the involved side

**The initiation of physical therapy and the exact timing of progression during the rehabilitation process may vary.*

Post-operative guidelines of Arthroscopic Anterior Inferior Instability Repair

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Post-op weeks 4-6

- **ROM Limits:** Forward Elevation =135°, ER (@ 20° Abd) = 35-50°, ER (@ 90° Abd) = 45° during week 6.
- Pendulums
- Gentle pain-free PROM for forward elevation and external rotation within limits unless otherwise specified based off surgeon's intra-operative assessment
- Supine self-assisted AAROM forward elevation within ROM limits and progress to stick
- Supine AAROM external rotation with stick within ROM limits. Shoulder at 20-30 degrees of abduction and arm at least level with abdomen (use towel roll/pillow)
- Scapula control exercise by PT in side-lying; active-assisted/active/resistive (to begin to restore scapula stability/force couple)
- Begin pulley for forward elevation later in the stage maintaining ROM limits and only if with quality ROM (no scapula hike), minimal pain/discomfort
- Continue isometrics
- Continue elbow (if not contraindicated)/wrist/hand AROM/gripping
- Modalities (Ice, electrical stimulation)
- Avoid shoulder extension past neutral (use towel roll/pillow under elbow in supine), IR beyond stomach, lifting, pushing, pulling, carrying, and sleeping on the involved side

Post-op week 7-9

- **ROM Limits:** Forward Elevation =155°, ER (@ 20° abduction) = 50-60°, ER (@ 90° Abd) = 75°, Active Forward Elevation =145°
- Gradually increase PROM to ROM limits
- Continue AAROM exercises for forward elevation and external rotation within new ROM limits
- Begin internal rotation ROM and assess posterior capsule tightness and may perform gentle stretching (Sleeper stretch)
- Glenohumeral stabilization and rhythmic stabilization exercises in supine for forward elevation, IR/ER (to restore neuromuscular control and proprioception needed for dynamic stability of GH joint)
- Initiate AROM forward elevation in the scapula plane beginning with gravity eliminated positions (supine and side-lying). Maintain ROM limits and avoid scapula hiking and begin with elbow flexed (short lever arm) and progress to elbow extended; May progress active forward elevation from gravity eliminated positions to semi-recumbent and to standing "full can" position in scapula plane if no scapula hiking later in stage maintaining ROM limit of 145°

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Post-op week 7-9 (continued):

- AROM against gravity and progress to light resistance if normal AROM in these planes without abnormal or substituted movement patterns later in the stage; start with 1 lb. dumbbell and/or elastic band/tubing with least resistance:
 - Side-lying ER/IR
 - Scapula protraction supine
 - Elastic band/tubing for ER, IR, shoulder extension to neutral, scapula retraction and when ready scapula punches/dynamic hug standing
- Scapula control exercises (manual resistance, scapula PNF)
- Begin light biceps (if not contraindicated)/triceps strengthening with arm at side
- Begin low-level closed chain exercises

Post-op week 10-12

- **ROM Limits:** Achieve full ROM by post-op week 12
- Restore full PROM
- Continue AAROM exercises to restore and maintain full ROM
- Restore internal rotation and stretch posterior capsule-Sleeper stretch, posterior shoulder stretch (horizontal adduction)
- Active forward elevation with thumb-up, “full can” position and progress to resistance with light dumbbell/band when normal AROM has been achieved without substitution/scapula hike
- UBE
- Progress rotator cuff and scapula strengthening program
- Initiate PNF patterns
- Continue with week 7-9 program

Post-op week 13-15

- Begin strengthening ER “90/90” position if ROM achieved. Start with AROM against gravity and progress to light resistance
- Progress open and closed chain strengthening exercises:
 - Prone rotator cuff and scapula strengthening
 - UE strengthening protecting anterior capsule (no horizontal abduction and shoulder extension past neutral, overhead strengthening in abduction and external rotation position)
 - Begin push-up progression starting with wall and progress to table while maintaining shoulder extension/horizontal abduction to neutral
- Maintain PROM and flexibility especially posterior capsule and restore ROM needed for sport specific activity
- Begin light functional activity as appropriate and within surgeon’s guidelines
- May begin low-level plyometric program with physician approval
- Continue with week 10-12 strengthening program

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Post-op week 16-20:

- Begin and slowly progress plyometric program
- Begin sports specific activity within surgeon's guidelines
- Progress strengthening and endurance program
- Maintain PROM and flexibility
- Return to work considerations